

## FORMS REVIEW

Form Number: \_\_\_\_\_

Edition/Revision Date: \_\_\_\_\_

1. IS THE ATTACHED FORM STILL USED?

☐ Yes☐ No - Cancelled

IF FORM IS CANCELLED WHAT IS THE REASON FOR CANCELLATION:  
IF FORM IS CANCELLED PROCEED DIRECTLY TO NUMBER 7 BELOW.

☐ Served its  
purpose

Replaced by:

2. DO YOU CONTEMPLATE REVISING THIS FORM WITHIN THE NEXT YEAR?

☐ Yes☐ No

3. DO YOU CONTEMPLATE CANCELLING THIS FORM WITHIN THE NEXT YEAR?

☐ Yes☐ No

4. IS THIS FORM AUTOMATED?

☐ Yes☐ No

IF YES, PLEASE NAME THE SYSTEM IN REMARKS SECTION

IF NOT COULD IT BE AUTOMATED?

☐ Yes☐ No

IF YES, PLEASE INDICATE YOUR CHOICE OF SYSTEMS IN THE REMARKS SECTION.  
IF UNKNOWN, WRITE NONE.

IS THIS FORM A CANDIDATE FOR ELECTRONIC DATA INTERCHANGE (EDI).

☐ Yes☐ No

(EDI IS COMPUTER TO COMPUTER EXCHANGE OF INFORMATION. NO PAPER IS USED IN THIS PROCESS.)

5. ANNUAL USE IS \$ \_\_\_\_\_

IF FORM IS REVISED OR CANCELLED, SHOULD EXISTING STOCK BE USED  
UNTIL EXHAUSTED?

☐ Yes☐ No Destroy  
Stock

6. REMARKS (IF ANY)

7. FORM  
SPONSOR

NAME (Please print)

AREA CODE AND TELEPHONE NUMBER

COMPLETE MAILING ADDRESS

DATE